

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE											
							APPLICANT(S)												
							CLAIMS												
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			IND		DEP		IND		DEP		IND		DEP	
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49							99												
50							100												
TOTAL IND.	5						TOTAL IND.												
TOTAL DEP.	38						TOTAL DEP.												
TOTAL CLAIMS	43						TOTAL CLAIMS												